

Instructions for Completing the Colorado State Personnel Director's Appeal/Dispute Form

This form is to be used for state personnel system appeals or disputes under the jurisdiction of the State Personnel Director.

Appeals must be filed within 10 calendar days of the date on which you received notice of the action being appealed or disputed. If the 10th day falls on Saturday, Sunday, or a legal state holiday, the filing deadline is extended to the next business day. An appeal may be filed by one of the following methods.

- Mail, with a postmark on or before the 10th day, to 1313 Sherman St, 1st Floor, Denver, CO 80203.
- Hand deliver to the above address before the 10-day appeal period ends.
- Fax to (303) 866-2021 on or before the 10th day.

The same applies to performance pay disputes except the filing deadline is five (5) working days from the date of the department's or higher education institution's final written decision.

The use of the form is required. Failure to give complete and specific information *may* result in dismissal of your appeal or dispute.

DIRECTIONS FOR COMPLETING THE FORM:

1. IDENTIFICATION SECTION

Enter your name, the address where you want to receive mail, and the telephone number where you may be reached concerning this appeal. *It is your responsibility to notify the State Personnel Director, Appeals Section, of any change in your address.* Failure to do this may result in dismissal of your appeal or dispute.

Representative. Do not fill in this section unless your representative (i.e., lawyer or a business agent of an employee association) signs the form. This section does not apply to performance pay disputes.

Certified status. An employee who has completed the probationary or trial service period is certified and has certain legal rights.

2. PARTY WHOSE ACTION IS BEING APPEALED OR DISPUTED

Enter the name of the person who took the action being appealed or disputed, e.g., signed the letter or notice, including the name of the department or higher education institution. Also briefly describe the action(s) you have taken to try and resolve the matter prior to filing this appeal or dispute.

3. SPECIFIC ACTION(S) APPEALED/DISPUTED

Describe briefly and specifically the action being appealed or disputed.

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4. REASONS FOR APPEAL/DISPUTE

Provide a brief explanation of why you are requesting review of this action. You will have an opportunity to fully explain your position later. The action you are appealing can be overturned only if it is arbitrary, capricious, or contrary to rule or law. "Arbitrary or capricious" is defined as action that has no rational basis or no competent evidence to support it. "Contrary to rule or law" is defined as an action that violates a specific provision of law, policy, rule or procedure. The same applies to performance disputes involving the application of the department's performance pay program or full payment of a performance award.

5. RELIEF REQUESTED

State what you want to happen as the result of your appeal or dispute. What do you want the Director to order if you win your appeal or dispute? Be specific.

6. DATE OF NOTICE

The date you received notice is critical in establishing your right to appeal or dispute. *Attach a copy of the written notice you received, if any, of the action you are appealing or disputing.* Indicate if you did not receive any written notice of the action.

7. TYPE OF APPEAL/DISPUTE

Check off only those boxes that clearly apply to your situation. Generally, only one box will apply.

8. SIGNATURE

The form must be signed by you or by your representative, if applicable, in the case of an appeal. Also, be sure that the signer's name, address and telephone number are printed or typed above in Section 1.

9. CERTIFICATE OF DELIVERY

You **must** deliver a copy of this form to the respondent, either in person or by first class mail, addressed exactly as you have given the respondent's address on page 1. Specify whether the copy of the form was delivered by mail or hand, and the date it was postmarked or hand delivered, then sign.

WHAT TO EXPECT NEXT:

You will receive a written response advising you of the next step in the process. If you have not received a written response by the 10th calendar day, after filing your appeal or dispute, you may call the Director's Office at (303) 866-2393 to inquire about the status of your appeal or dispute. .

Additional detailed information is available in Colorado State Personnel System Rules and Procedures, in particular Chapter 8, on the web at www.colorado.gov/dpa.